



**Washington State Region 2
HOMELAND SECURITY COORDINATING COUNCIL**

**WASHINGTON STATE HOMELAND SECURITY REGION 2
TRAINING APPLICATION**
Homeland Security/ODP Training Only

ATTN: Cherrie Crowell 911 Carver St. Bremerton, WA 98312		Phone: (360) 307-5877 Fax: (360) 478-9802 Email: ccrowell@co.kitsap.wa.us	
Name:		Position in Organization:	
Name & Address of Organization Represented:		Work Phone:	
		Work Fax:	
		Work Email:	
Mailing Address:		Home Phone:	
		Home Fax:	
		Home Email:	
Social Security Number: (Voluntary – Used in Training Reporting System)		Male:	Female:
Course Name and Number:			
Course Date:			
Courses taken to meet prerequisite, including dates and locations:			
Will your department require overtime/backfill reimbursement?		Yes:	No:
Do you plan to commute each day?		Yes:	No:
Do you have any disabilities which require special consideration? If yes, please explain:		Yes:	No:
Signature of Participant:		Signature of Agency Director, Dept. Chief or Training Director:	
Date:		Date:	
For Local EMD Use Only			
Signature of Local Emergency Management Director/Designee:		Date:	

**Applications without agency head or Training Director signature will not be accepted
Please submit this application to your Local Emergency Management**